

STATE OF CALIFORNIA
TELECOMMUNICATIONS SERVICE REQUEST
 (Attach additional information as needed)

1. AGENCY REQUEST NO.

2. DATE

3. REQUEST IS FOR:	<input type="checkbox"/> SERVICE			<input type="checkbox"/> EQUIPMENT (needs a Form 65)			<input type="checkbox"/> OTHER			
4. AGENCY INFORMATION	DEPARTMENT				DIVISION, BUREAU, ETC.				PERSON TO CONTACT FOR ACCESS	
	E-MAIL ADDRESS				TELEPHONE NO. ()				FAX NO. ()	
	ADDRESS OF <u>PRESENT</u> SERVICE (Include City, Zip Code, Room #s)				ADDRESS OF <u>REQUESTED</u> SERVICE (Include City, Zip Code, Room #s)					
	BILLING ADDRESS (Include City, Zip Code, Room #s)						C60 Account Number			
	TELEPHONE NUMBER(S) INVOLVED			UTILITY PRIMARY BILL NO.		REQUESTED DATE OF SERVICE			GENERAL SERVICES AGENCY CODE	
5. ELIGIBILITY	<input type="checkbox"/> STATE AGENCY			Must complete Authorization to Order (ATO) to obtain eligibility prior to first Form 20 request						
				<input type="checkbox"/> NON-PROFIT & TAX-SUPPORTED				<input type="checkbox"/> LOCAL GOVERNMENT (i.e. city, county)		
			<input type="checkbox"/> FEDERAL				<input type="checkbox"/> JOINT POWERS AGREEMENT			
6. CHECK TYPE OF REQUEST (Describe in Section 7)	<input type="checkbox"/> BUSINESS SERVICE				<input type="checkbox"/> CENTREX SERVICE					
	<input type="checkbox"/> SINGLE LINE <input type="checkbox"/> KEY SYSTEM <input type="checkbox"/> PBX <input type="checkbox"/> TRUNKS				<input type="checkbox"/> SINGLE LINE (s) <input type="checkbox"/> ISDN (Integrated Services Digital Network) <input type="checkbox"/> ACD (Automatic Call Distribution)					
	<input type="checkbox"/> DATA SERVICE				<input type="checkbox"/> CALNET CALLING CARD (include TD-907)		<input type="checkbox"/> LONG DISTANCE SERVICE		<input type="checkbox"/> LOCAL TOLL SERVICE	
	<input type="checkbox"/> CELLULAR TELEPHONE <input type="checkbox"/> DGS-TD MASTER CONSULTING CONTRACT				<input type="checkbox"/> OTHER (Please Describe)					
7. ADDITIONAL INFORMATION	BRIEFLY DESCRIBE <u>PRESENT</u> SERVICE (Attach page as needed)				BRIEFLY DESCRIBE SERVICE <u>REQUESTED</u> (Attach page as needed.)					
	SERVING UTILITY									
	TOTAL COST OF REQUESTED SERVICE				METHOD OF ACQUISITION					
	RECURRING		NON-RECURRING		<input type="checkbox"/> PURCHASE <input type="checkbox"/> INSTALLMENT PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (Describe)					
8. CATR/ATR INFORMATION	NAME (PLEASE PRINT)				E-MAIL ADDRESS				TELEPHONE NO.	
	ADDRESS				CITY				STATE ZIPCODE	
	TITLE								CALNET: PUBLIC: ()	
	SIGNATURE "This request complies with SAM Chapter 4500, and state telecommunications policies."								DATE	